Evaluation Report: Emergency Relief Workforce Development Program

Prepared for Matrix on Board

Prepared by

Karalyn Davies

Julia McKenzie

Centre for Family Research and Evaluation

July 2018

CFRE respectfully acknowledges the Kulin Nation as Traditional Owners of the land where we deliver our services. We acknowledge Aboriginal and Torres Strait Islanders as the first people of Australia. Sovereignty was never ceded and they remain strong in their connection to land, culture and in resisting colonisation.

Contents

Executive Summary

In response to upcoming reforms within the Australian emergency sector, Matrix on Board Consulting and Training (Matrix) developed and implemented a nation-wide workforce development program. After initially identifying the needs and demographics of the staff and volunteers, Matrix's approach to capacity building within the sector was provide tiered support to individuals and organisations by embedding a systemic, outcomes-focussed service. CFRE was contracted by Matrix to provide a written evaluation of the Emergency Relief Workforce Development Program (ERWDP).

Evaluation method: The evaluation utilised an objective-based approach with a mix of both qualitative and quantitative methods. Qualitative phone interviews were conducted by the CFRE team. Secondary quantitative was supplied by Matrix, including program registrations and attendance lists and website analytics. Data collection also included a brief review of program documents and literature.

Results: Regardless of workers' length of experience or qualification background, results from the survey show overwhelmingly that participants were satisfied with the content and delivery of the face-to-face training sessions, and showed increases in knowledge, awareness and skills. Interviews with participants and staff involved in the design and implementation of the program highlighted that networking was an additional benefit, and that individuals greatly appreciated being able to learn about new referral pathways for their clients. Despite limited data being collected regarding user experience of the online training or organisational capacity assessment tool, initial findings indicate that these has been useful and insightful resources for not-for-profit agencies.

Conclusion: It had been expected that new operational guidelines would be released to support the sector reform initiative in 2017. This evaluation project was designed to measure how well the ERWDP had prepared staff for these changes. To date, these decisions have yet to be announced, but the findings from this evaluation have contributed toward understanding the types and delivery methods of training and support that are most appropriate and effective for different sections of the workforce.

Abbreviations

ACOSS	Australian Council of Social Services
CFRE	Centre for Family Research and Evaluation
DSS	Department of Social Services
ER	Emergency Relief
ERWDP	Emergency Relief Workforce Development Program
FWC	Financial and Wellbeing Capability
OCAT	Organisational Capacity Assessment Tool
RTO	Registered Training Organisation

Introduction

In response to increasing complexity of ER service users and increasing expectations on sector performance and outcome measurement, Matrix on Board Consulting and Training (Matrix) was funded by the Department of Social Services (DSS) to develop and deliver a nationally coordinated emergency relief (ER) workforce development strategy. The aims of this strategy were to increase capacity of the workforce to meet service user needs.

Through consultation with the ER sector, Matrix has designed Emergency Relief Workforce Development Program (ERWDP), which was funded until June 2018. The project has been rolled out between March-June 2018 targeting the 319 emergency relief providers that DSS fund across 1,054 outlets across Australia. The program consists of three components designed to offer training and support to the diverse workforce via:

1) Face-to-face ER worker training sessions
2) Free access to online learning modules
3) Online organisational capacity assessment tool, with accompanying resources

CFRE has been contracted by Matrix to provide a written evaluation of the national workforce development program.

Background

Emergency Relief as a component of FWC Activities

In the Australian context, Financial and Wellbeing Capability (FWC) services are designed to deliver assistance across the spectrum from prevention, early intervention recovery and wellbeing (DSS, 2017). This continuum is illustrated in Figure 1. The Federal Department invests more than $100 million per annum into FWC activities (DSS, 2017) around 40% of which is directed toward Emergency Relief (KPMG, 2015). Despite this level of funding, the sector remains largely reliant on the efforts of volunteers.

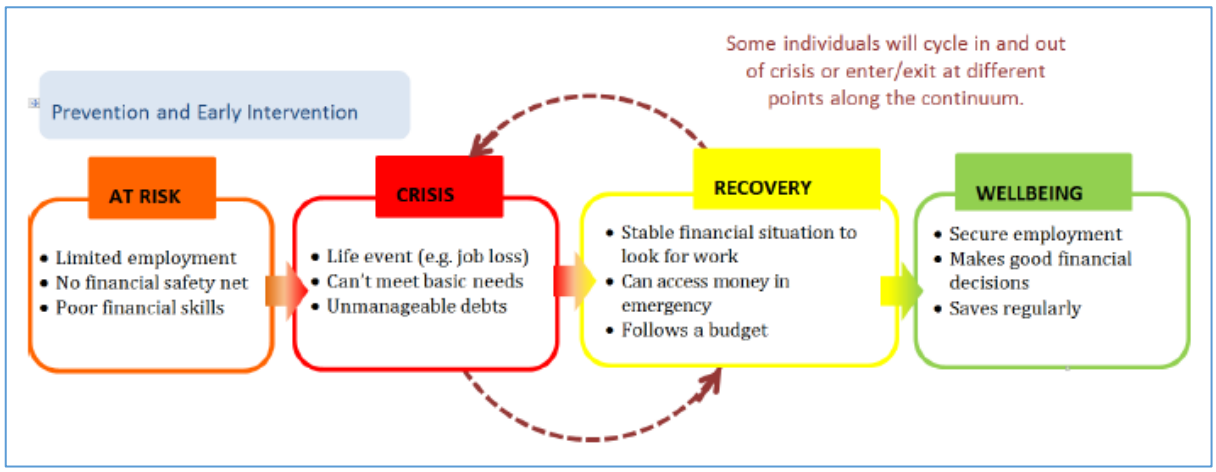


Figure 1: Continuum of Financial and Wellbeing Capability (FWC) activities (Source: DSS, 2017, p. 5).

Emergency Relief (ER) activities occur at the point of crisis support. While many clients of ER services may be presenting due to sudden, acute issues such as domestic and family violence, mental health crises, homelessness and housing stress, others may be experiencing ongoing financial stress and entrenched, intergenerational disadvantage (DSS, 2017). It is important to note that this level of financial stress rarely occurs in isolation and often intersects with other life events such as relationship crises, physical and mental ill-health, and increased drug and alcohol use (Wesley, 2010). Findings by KPMG (2015) emphasise that clients are presenting with increasingly complex needs. It is imperative that services and the sector as a whole find ways to assist these clients effectively.

Although ER partly relies on government policy and programs, it is a highly diverse sector encompassing a broad range of activities and objectives (Landvoigt, 2006). A scoping review by Matrix (2017) suggests a clearer definition is required to clarify what constitutes Emergency Relief. Broadly speaking, ER can be understood as the provision of financial and material aid to people at the point of crisis, and may include food parcels, clothing, household items, vouchers (food, transport, pharmaceuticals), advocacy and referrals, bill subsidies or cash (ACOSS, 2011).

FWC Sector Reform

DSS has determined the need to reform the FWC sector, in response to the broader context of increasing need for evidence, achieving outcomes, improving consultation and reducing red tape (DSS, 2017). It is recognised that whilst service delivery providers work hard to respond to client needs, those needs are becoming increasingly complex. In order to remain responsive to individuals, families and communities, FWC activities must adapt to ensure that services are being effectively targeted and that finite resources are accessible to those most in need (DSS, 2017).

> "More than ever it is critical that funding provided to services is delivered in the most efficient and effective way…Targeting services to those people who need it the most, sharing best practice, using evidence to inform service delivery and measuring the long-term benefits of services are all necessary to ensure the FWC is having a positive nation-wide impact" (DSS, 2017, p. 3).

In planning to reshape and strengthen the ER sector, DSS are looking at a number of key strategies, including:

- Improving the targeting of services;
- Increasing service integration;
- Supporting client outcomes;
- Building a strong workforce; and
- Strengthening evidence, improving practice and measuring outcomes (DSS, 2017).

To assist the reform agenda, DSS is funding capacity development projects throughout Australia. Organisations have been contracted to deliver training to FWC funded services; this training must address the diverse makeup of the workforce and development needs (DSS, 2017).

It was anticipated that new ER Operational Guidelines would be released to support the sector reform initiative in 2017. To date, these decisions have yet to be announced.

Program Overview

Matrix's approach to workforce development and capacity building within the ER sector sought to identify the needs and demographics of the staff and volunteers and then establish ways of supporting staff and organisations. Wherever possible, Matrix undertook to engage local trainers and worked with organisations to identify the content and training requirements of their staff and volunteers, within their local environments. Matrix delivered face-to-face training sessions for ER staff across Australia. This training content is also freely accessible as online training modules that participants complete at their own pace and for those that could not attend the face to face sessions due to time and/or distance constraints. The online material also provides a platform for agencies to conduct a self-assessment of their workforce capacity, with recommendations and resources to assist agencies develop in the identified areas.

Training for individuals

Matrix have developed a suite of training modules designed to cover a range of topics, including:

Module 1	Why we need to deliver Emergency Relief in Australia and the basic principles
Module 2	Enhance Your Understanding
Module 3	Embrace Your Empathy
Module 4	Creating a Connection (Communication skills and responding to distressed people)
Module 5	Identify Needs
Module 6	Let's Talk About Money (Basic Budgeting)
Module 7	Respect & Diversity (Cultural Awareness)
Module 8	Self-care
Module 9 (Elective)	Preventing Fraud & Corruption

Table 1: Online training modules

For a breakdown of content and materials of each module, refer Table 12.

The face to face training sessions consisted of different combinations of the learning modules listed above, designed to the needs outlined in the Sector Survey.

TOPIC	TRAINING NO	MODULE NO 1 - 9	UNITS A - H
1. Communication, connection & financial self-reliance.	1	1,2,3,6	A,B,C,D
1A. Communication, connection and challenging situations	1A	1,2,3,4	A,B,C,E
1B. Assessing for emergency relief with understanding and respect	1B	1,2,3,7	A,B,C,G
2. Assessing complex needs and managing challenging situations.	2	4,5	E,F.
3. Cultural competence and building financial resilience	3	6,7	D,G
3A. Cultural competence and self-care	3A	7,8	G,H

Figure 2: Training session modules

Organisation-level support

Importantly, Matrix view that workforce development requires system-wide support at individual, staff, and organisational levels. To provide relevant support to management levels of organisations, Matrix adapted the McKinsey Organizational Capacity Assessment Tool (OCAT)[1]. Organisational capacity is defined by Morison (2009) as the "ability to anticipate and influence change, make informed and intelligent policy decisions, attract, absorb, and manage resources, and evaluate current activities to guide future action" (as cited in Bos & Brown, 2014, p.189). The assessment framework consists of several components of intra-organisational capacity: aspirations, strategy, organisational skills, human resources, systems and infrastructure, organisational structure and culture (Bos & Brown, 2014).

Target audience

The training was designed for use by frontline staff and volunteers, and the OCAT was developed as a tool for executive and management levels within service organisations. The ERWDP was primarily targeted toward agencies funded by DSS. However, ER is also provided by many non-DSS funded services throughout Australia. DSS stipulated that non-DSS funded services were also eligible to register for training and resources.

Delivery Model

In order to deliver the face-to-face sessions, Matrix hired contracted trainers that were recruited through larger organisations. For example, trainers in South Australia were contracted through Lutheran Community Care. Matrix stated that facilitators with industry or life experience in addition to some qualifications were preferred over those with formal qualifications alone. The CEO of the Registered Training Organisation (RTO) arm of Matrix was involved in this recruitment strategy. Refer to Appendix 2 for a copy of the Position Description.

Theory of Change

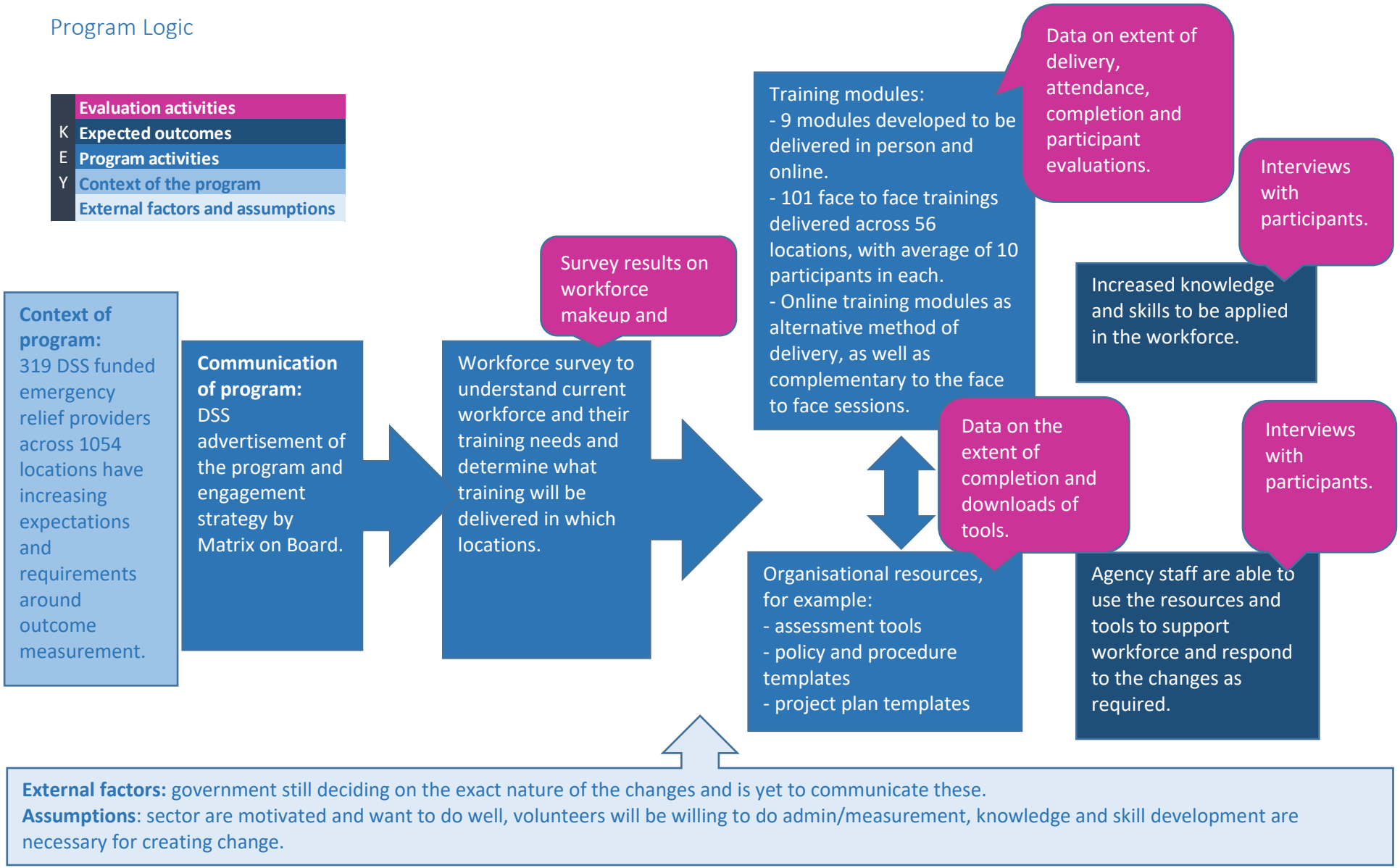
The development of the ERWDP is based on the following inferences:

> DESPITE WIDE VARIATION IN THE COMPOSITION AND SERVICE DELIVERY OF THE NATIONAL ER SECTOR, WHEN THE WORKFORCE IS PROVIDED WITH APPROPRIATE SUPPORT AND EDUCATIONAL RESOURCES, AGENCY STAFF ARE BETTER EQUIPPED TO DEAL WITH COMPLEX CLIENT PRESENTATIONS AND TO RESPOND TO BROADER ORGANISATIONAL CHANGE AND SECTOR REFORM.

The components of this theory are further illustrated in the Program Logic Model.

[1] https://www.commdev.org/userfiles/McKinsey%20Capacity%20Assessment%20Tool.pdf

Program Logic



Evaluation

The purpose of this evaluation has been to utilise participant feedback to assess the extent to which the ERWDP contributes to the ongoing development of the FWC activities. It has documented the challenges to implementation and how well the program was received by the sector. This evaluation also offers broader learnings about sector capacity building in the face of reform. The approach to this evaluation has been to work in conjunction with the program team to ensure these learnings were captured. However, the focus of this evaluation was not an extensive in-depth analysis of every aspect of the program. As the evaluation relied on feedback from participants, it is also not able to provide a first-hand review of the content. The purpose of this evaluation has been to collect just enough of the right information to be able to summarise the program successes and indicate improvements.

Key Evaluation Questions

The following evaluation questions were used to guide the evaluation.

Key Evaluation Questions	**Sub Questions**
1. How appropriate was the program design and delivery?	How did the research inform the design? To what extent did the project meet the needs of ER workforce and organisations? How appropriate was the content and delivery methods? To what extent were participants satisfied with the program? Which participants were most satisfied?
2. How effective was the program at achieving its objectives?	To what extent did participant's knowledge and skills change as a result of the training? What were the unintended outcomes (positive or negative)? To what extent were the organisational tools accessed and utilised, and how did these assist agencies? To what extent and in what ways do participants intend to use (or have already used) what they've learnt?
3. How can the program improve?	How can the program design and delivery improve to better meet the needs and support the emergency relief workforce? What are the enablers and barriers to long-term change? What other strategies could be used to support change?

Table 2: Key Evaluation Questions

Methods

The evaluation utilised an objective-based approach with a mix of both qualitative and quantitative methods. Qualitative phone interviews were conducted by the CFRE team. Secondary quantitative data was supplied by Matrix, including program registrations, attendance lists and website analytics. The cut-off point for data collection was 7th June 2018, although the program continued to be implemented after this point.

CFRE also utilised existing program documentation and reporting, research project report and workforce survey results, in addition to conducting a brief review of literature to better contextualise this project.

Consent Process

After Matrix communicated which participants had consented to being contacted by CFRE, researchers used plain language to explain to participants what participation in the telephone interview involved. The sample of possible participants comprises the adults who are either employed or volunteer with a service delivery organisation and have completed at least one ERWDP training session or module. Whilst participation in the phone interviews was completely voluntary, being asked to reflect on their work within the ER sector and the training they've received does not fall outside the scope of their role. CFRE proceeded with interviews only when participants verbally consented.

No individual names were stored with the collected data. As the data was only collected for program evaluation and improvement, rather than scientific research or publication, it is deemed low risk and therefore does not require approval by a Human Research Ethics Committee (see AREC CI ethics screening tool).

Methodology

Data Collection

A range of data was collected to inform this evaluation. They are described below.

Collection method	**Data Collected**
Document and Literature Review	• Program documentation • Journal articles and relevant literature sources
Output level data	• Statistics on participation rates, according to delivery method, location • Registration of online resources and tools
Participant-level Data	• SurveyMonkey feedback data from face-to-face training • 5-star review data completed by online module participants • 9 qualitative interviews with face-to-face training participants • 4 interviews with online organisation capacity assessment tool
Program-level Data	• 4 qualitative interviews with staff involved in program design/implementation

Table 3: Data Collection Methods

Document and Literature Review

An initial and ongoing document review was conducted throughout the project timeframe to understand the program context and delivery methods. This included:

- Program documentation and reporting supplied by Matrix
- Research outputs: results from Sector Survey and Scoping Review conducted by Matrix
- Review of the online modules and online resources
- Relevant research literature

Output level data supplied by Matrix

- Locations of face-to-face program delivery + number of attendees
- Extent of access and completion of the online training modules
- Extent of access to the online organisational assessment tool

Surveys and Interviews

Participants that attended the face-to-face training sessions were asked to complete feedback forms, which were then entered into SurveyMonkey by Matrix staff. CFRE had input in to the design of the questions. Participants were not excluded from the survey if they had already completed another survey at another session. No individual responses were mandatory, allowing participants to skip questions they did not wish to answer. Matrix supplied CFRE with spreadsheet data of these collated survey results.

Within the survey, participants were also asked to include their contact details if they were willing to be contacted for further information. These participants were then emailed by Matrix to ask if CFRE could contact them to conduct a telephone interview. CFRE had capacity to conduct 30 phone interviews with participants and stakeholders. Matrix supplied CFRE with 12 participant details. Phone interviews were conducted with 9 program participants to gather feedback about their experience of the training and the extent that the resources were useful to them in their roles. The interviews also sought to gain insight into what else would be helpful and how the training might be improved in future.

To understand the successes and challenges of program delivery, it was also necessary to speak with program staff and contracted trainers. Matrix emailed program staff and facilitators for consent to be contacted and supplied CFRE with 5 contact details. Structured interviews were conducted with 4 program staff from Matrix on Board, and feedback forms from 4 trainers were also submitted.

Three different sets of interview questions were tailored to suit the role of the person being interviewed (i.e. training participant, assessment tool user, training facilitator/ERWDP staff).

Additionally, in July 2018, a further 6 people were contacted by CFRE for structured interviews about their experience of using the online resources such as the organisational capacity assessment tool and the online learning modules. After the initial release of the organisational tool, some users encountered a technical issue whereby the website did not generate a report of recommendations. Of the participants contacted, 4 people were able to provide feedback about using the online tool.

Data Analysis

Once the data was collected, a thematic analysis explored key ideas arising from qualitative interviews with program staff and training participants. NVivo software was used to code themes emerging from the interviews, and these codes were interspersed with topics and issues raised within the literature and document review. Analysis of the feedback forms involved descriptive statistics on the delivery and participation of the training sessions.

Results

The following data outlines the reach of program activities that were delivered in the form of face-to-face training sessions, access to the online modules, and uptake of the organisational capacity assessment tool.

Training Sessions

Training was delivered across all states and territories including urban and remote locations. Matrix reported to have delivered 101 sessions at 53 locations. A summary of the locations where training was offered is listed below. Matrix reported that of the 1180 people that registered for a training session, 946 (80.5%) people followed up with attendance.

		Attendees
ACT	Canberra	19
	Total	19
NSW	Albury	20
	Campbelltown	14
	Coffs Harbour	1
	Gosford	12
	Lismore	13
	Mt Druitt	
	Newcastle	31
	Parramatta	16
	Sydney	12
	Wagga Wagga	3
	Wollongong	20
	Total	142
NT	Alice Springs	36
	Darwin	32
	Nhulunbuy	13
	Total	81
QLD	Brisbane	54
	Cairns	30
	Caloundra	16
	Gold Coast	15
	Gympie	0
	Hervey Bay	28
	Ipswich	20
	Mackay	19
	Mt Isa	8
	Rockhampton	16
	Toowoomba	6
	Townsville	24
	Total	236
SA	Berri	14
	Blair Athol	43
	Ceduna	7
	Gawler	9
	Hallet Cove	33
	Mt Gambier	11
	Salisbury	12
	Total	129
TAS	Devonport	8
	Hobart	21
	Launceston	21
	Total	50
VIC	Ballarat	26
	Bendigo	26
	Box Hill	0
	Dandenong	18
	Frankston South	7
	Geelong	37
	Laverton	11
	Melbourne CBD	31
	Moe	24
	Sunshine	25
	Warrnambool	31
	Yarraville	11
	Total	247
WA	Broome	10
	Bunbury	4
	Fremantle	0
	Geraldton	16
	Kalgoorlie	0
	Perth	12
	Total	42
	Grand Total	946

Table 4: List of training attendees by region

Access to Online Modules

By the end of the data collection period, a total of 181 ER sector staff and volunteers had accessed the online training materials[2]. Participants could register for multiple modules. Table 5 illustrates that 70 modules were 'in progress', 683 had registrants but were not yet started, and 148 modules had been completed. Of those who specified their location, the largest number of modules being registered was Queensland (25%), Victoria (24%), and New South Wales (17%).

	MODULES IN PROGRESS	MODULES NOT STARTED	MODULES COMPLETED	TOTAL NO. OF MODULES	
ACT	1	22	1	24	3%
NSW	19	78	31	128	17%
NT	10	15	7	32	4%
OTHER	1	7	8	16	2%
QLD	13	129	43	185	25%
SA	5	57	10	72	10%
TAS	4	78	6	88	12%
VIC	16	135	28	179	24%
WA		16	9	25	3%
(BLANK)	1	146	5	152	
GRAND TOTAL	70	683	148	901	

Table 5: Number of online training modules accessed

Organisational Assessment Tool

By the end of the data collection period, Matrix reported that 88 people had completed the online organisational assessment tool.

Evaluation Surveys

Face-to-Face Training Sessions

As at 7th June, 786 post-session surveys were completed by workshop attendees. It is not known how many individuals attended more than one training session. The same individuals may have completed the survey for different sessions, as they were not excluded from doing so.

Results from the evaluation surveys highlight a wide variation in role, background experience and qualification of workers who attended face to face training sessions. It should be noted that no individual survey questions were mandatory, allowing participants to skip questions, hence the varying amount of responses for each question.

Survey respondents had spent very diverse amounts of time in their roles in the ER sector, with most having spent between 2 months and 10 years. Of the 463 people who responded to the length of time in their role, 26.8% had been involved for 2-5 years, 19.2% for 5-10 years, and 13% for 2-6 months.

There was a relatively even split between people who were engaged in paid full-time work, paid part-time work and unpaid voluntary roles. It is assumed that most people with paid positions hold relevant tertiary qualifications. This is unlikely to be a requirement for volunteers. Of those who responded to

[2] Matrix report that despite no ongoing promotion of the program, the number of registrants continues to increase by approximately 5 people per week.

the question about employment status (n=705), 40.1% are in unpaid, volunteer positions, although this figure is not substantially higher than those in paid, full-time positions (31.5%) and paid, part-time positions (25.7%). These figures are worth noting, as volunteers have devoted their own time for professional development, and their attendance in substantial numbers demonstrates high levels of interest and commitment to their work.

However, significantly fewer people responded to questions around level and field of qualifications relevant to their position. A limitation to this is that it is unclear whether they do not have qualifications, or whether they simply chose not to answer. Of those who did respond, over a third had completed a Diploma (34.5%) and another third had completed university level of education (33.1%). The main fields of study were Community Services (41.6%) and Social Work/Social Science (25.7%).

		Respondents	
		No.	%
Length of time in role (n=463)	< 2 months	22	4.8%
	2 - 6 months	60	13.0%
	6 - 12 months	55	11.9%
	1 - 2 years	56	12.1%
	2 - 5 years	124	26.8%
	5 - 10 years	89	19.2%
	10 - 20 years	44	9.5%
	20+ years	13	2.8%
Employment status (n=705)	Volunteer	283	40.1%
	Full-Time	222	31.5%
	Part-Time	181	25.7%
	Casual	19	2.7%
Qualifications relevant to role (n=122)	University Level (Bachelor/Masters)	39	33.1%
	Certificate	24	17.3%
	Diploma	48	34.5%
	Qualified- Unspecified	13	5%
	No	13	10.7%
Qualification field (n=113)	Soc. work/ soc. science	29	25.7%
	Psyc/ counselling/ MH	14	12.4%
	Comm. Services	47	41.6%
	Ed. / Child services	5	4.4%
	Health/ Nursing	7	6.2%
	Business/ IT/ other	11	9.7%

Table 6: Demographics of Survey Respondents

Respondents were asked about the delivery of the training, and nearly 100% either agreed or strongly agreed that the information was delivered with clarity (97.7%), in a way that allowed them to interact within the group (98.9%), and that the facilitator was knowledgeable (99.7%) and engaging (98.9%).

The information was delivered clearly and at a reasonable pace (n=729)	Strongly Agree	52.7%	384
	Agree	45.0%	328
	Disagree	2.2%	16
	Strongly Disagree	0.1%	1
I felt comfortable to contribute responses to the group (n=732)	Strongly Agree	60.5%	443
	Agree	38.4%	281
	Disagree	0.8%	6
	Strongly Disagree	0.3%	2
The facilitator was knowledgeable and was able to answer my questions (n=733)	Strongly Agree	65.3%	479
	Agree	34.4%	252
	Disagree	0.1%	1
	Strongly Disagree	0.1%	1
The facilitator was engaging and used a variety of methods to present the information (n=729)	Strongly Agree	64.1%	467
	Agree	34.8%	254
	Disagree	1.0%	7
	Strongly Disagree	0.1%	1

Table 7: Responses regarding training delivery

Respondents were asked to rate the extent to which they agreed that the training was appropriate for their existing level of experience and knowledge. Of 726 respondents, 45% strongly agreed, 48.6% agreed, 5.2% disagreed and 1.1% strongly disagreed.

Data was analysed to see if qualifications or sector experience had any bearing on the extent to which they found the training appropriate. The results indicate that respondents were as likely to strongly agree with this statement whether they had been in the role for over 20 years or just 2-6 months.

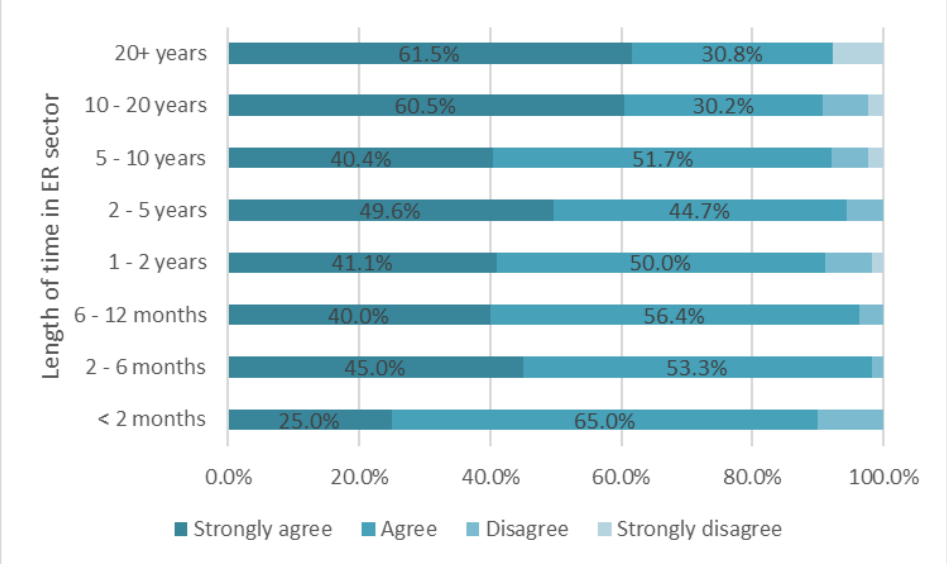


Figure 3: The training session was appropriate for my existing level of knowledge and experience (n=459), as a percentage of those with similar experience

Respondents were only slightly less likely to agree with the statement if they had unspecified qualifications or a university level of education. Responses indicate that regardless of time spent in the sector or background education level, the training was still appropriate for their needs.

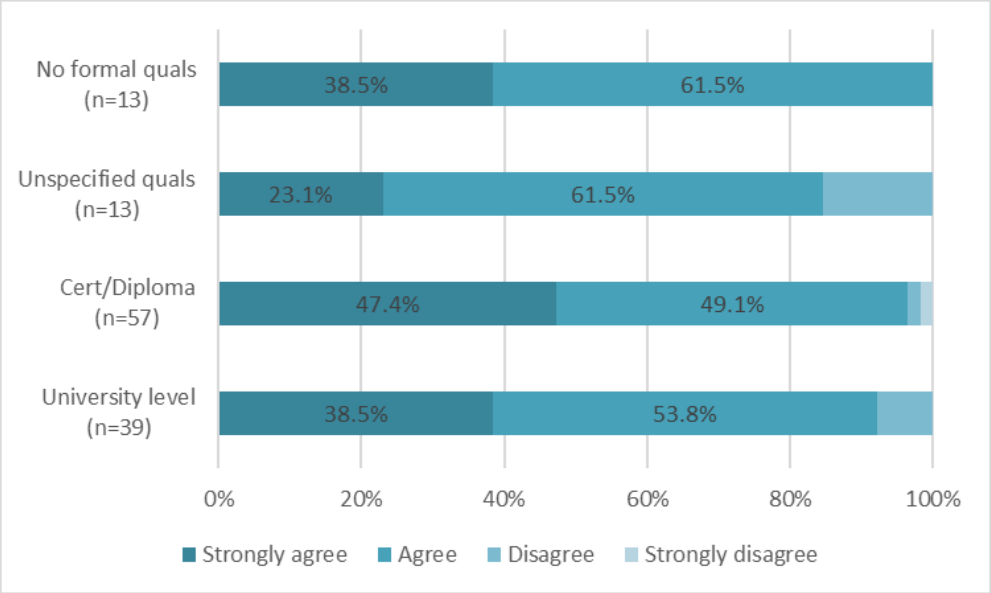


Figure 4: The training session was appropriate for my existing level of knowledge and experience (n=122)

Two questions sought to gain insight into whether the training had provided participants with more empathy and ability to establish trust and rapport with clients of ER services. Of 729 respondents, 693 (95.1%) stated they had an increased understanding of client difficulties, and of 706 respondents, 681 (76.3%) either agreed or strongly agreed that they had increased confidence about being able to build rapport and trust with service users. When analysed according to education or length of time in the role, neither of these factors appeared to influence the response.

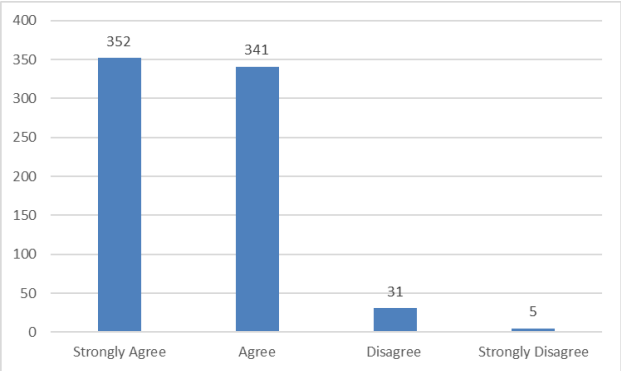


Figure 6: The training has given me greater understanding of the difficulties faced by service users (n=729)

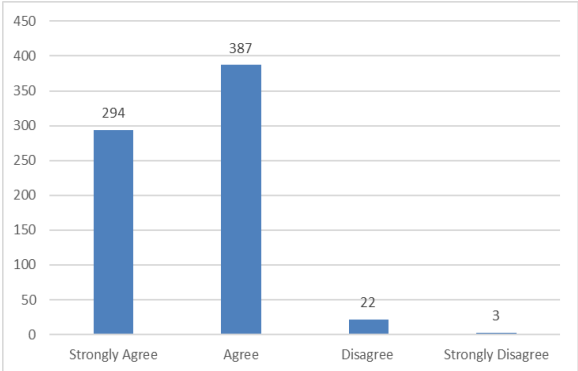


Figure 5: I feel more confident that I will be able to build rapport and trust with people seeking assistance (n=706)

Questions also explored whether the training allowed for improved understanding of context, self-reflection, practical skills and application of new knowledge and skills. Responses are outlined in the below table. Overwhelmingly, participants agreed or strongly agreed with the following statements: that the training had given them greater understanding about the ways in which ER assistance is needed (93.1%); that training was facilitated in a way that allowed me to relate the information back to my own experiences of working with people seeking assistance (98.1%); that session covered practical skills (96.5%); and that the session had given them reason to reflect further on ways to work respectfully with people (97.1%).

	Strongly Agree	Agree	Disagree	Strongly Disagree
The training has given me greater understanding about the ways in which ER assistance is needed (n=725)	323	352	42	8
	44.6%	48.6%	5.8%	1.1%
The training was facilitated in a way that allowed me to relate the information back to my own experiences of working with people seeking assistance (n=729)	373	342	14	0
	51.2%	46.9%	1.9%	0
The session covered practical skills that I can apply directly to my work with people seeking assistance (n=715)	308	382	23	2
	43.1%	53.4%	3.2%	0.3%
The training has given me reason to reflect further on the ways I can work respectfully with people, regardless of gender, sexual orientation, ethnicity or disability (n=715)	331	363	17	4
	46.3%	50.8%	2.4%	0.6%

Table 8: Improved understanding of context, self-reflection and practical skills

Participants were asked how they would rate the training sessions overall. Of the 708 that responded, 81.5% rated the program an 8 or above.

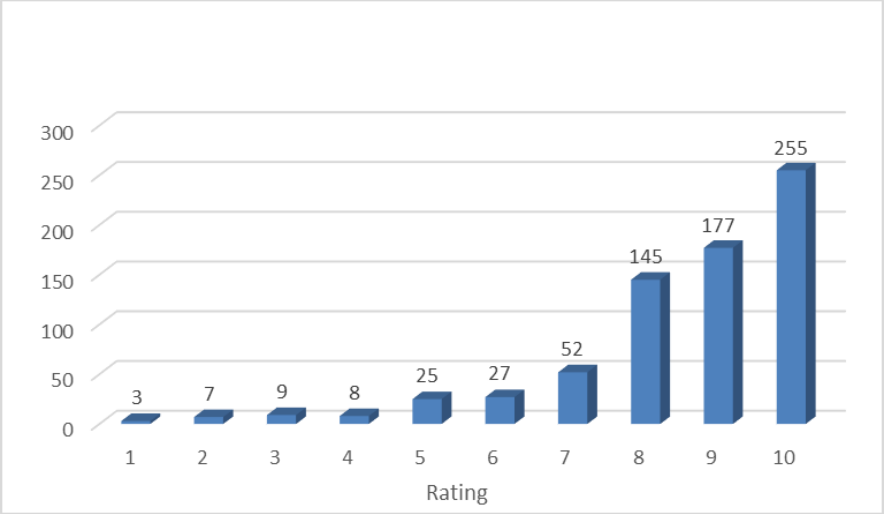


Figure 7: Overall satisfaction with the training session (n=708)

Participants were asked what they had learned from the training session that they intended to implement when they returned to work. A total of 496 responses were coded into the key themes listed below. The majority of themes are centred around wanting to put into place the skills for working with other people and finding ways to connect with other workers and agencies.

Response	No. of comments
Practicing empathy and non-judgement	78
Skills related to cultural awareness s	58
Self-care and safety	54
Communication skills	40
Knowledge of other relevant services	38
Attentive listening skills	35
Assessing clients	29
Understand client's situation	29
Financial literacy	25
Resources (creating directories and resources to share with colleagues)	20
Conflict management	17
Networking	14
Affirmation (refreshing old knowledge)	13
Building rapport with clients	12
Reflective practice	8
Procedures and processes	7
Problem solving	6
Crisis planning	4
interpersonal skills	3
Debriefing	2
Other practical skills	1
Role-playing	1
Theory	1
Advocating for social justice	1

Table 9: Participant comments about skills they intend to implement in their role

Online modules

However, once a learning module was completed online, the participant was asked to rate the module out of 5 stars. This evaluation question was non-compulsory. The results listed in the table below indicate that the majority of participants (n=170) rated the module very highly.

Further evaluation questions were designed to collect brief feedback from participants who completed a module. Unfortunately, due to technical issues participants were not prompted with these questions, limiting the amount of feedback data that could be collected.

	5 STARS	4 STARS	3 STARS	2 STARS	1 STAR
MODULE 1	38	10	3		
MODULE 2	27	5	2		
MODULE 3	26	3			
MODULE 4	17	1			
MODULE 5	8	1			
MODULE 6	12				
MODULE 7	17				
MODULE 8					
MODULE 9					

Table 10: Online Module ratings (n=170)

Interviews with participants and staff

Initially 13 telephone interviews were completed by CFRE in the months of May-June 2018, including 9 participants of the face-to-face training sessions and 4 staff members who were involved in program planning or training facilitation.

In speaking generally of the benefits of training, clear themes emerged regarding:

- The value of increasing knowledge and skills
- Feeling an enhanced sense of empathy
- The importance of cultural awareness
- The benefits of face to face training for learning and support
- The value of networking with other agency staff
- Suggestions to better support the ER workforce

These themes will be further explored throughout subsequent sections of this report.

Some general feedback from respondents regarding the online resources included:

- “Really informative.”
- “Recommendations were very clear. The whole thing was really good and easy to use. It clearly tells us where we need to put effort in, it provides clarity around what is a priority for us.”
- “I don’t think it needs any improvement.”
- “All positive, we’ve already updated our policies, procedures and consent forms based on this tool!”
- “Just the right amount of stuff – really good.”
- “A really good tool.”

Only two respondents identified an issue or suggestion about the online modules:

1) a visual summary of the content at the end of each module would have been helpful, and
2) it was difficult to forward the link for the modules to other staff and had some difficulties with setting up team members as users.

Participants were prompted with statements about the assessment tool and asked to what extent they agreed. A tally was recorded, and results shown below indicate that the website contents were relevant, delivered clearly and generated results that users found appropriate and helpful.

Table 11: Feedback from interviewees (n=4) regarding use of the OCAT

	Strongly Agree	*Agree*	*Disagree*	*Strongly disagree*
1. The online tool was easy to access	*XXX*		*X*	
2. The website was easy to navigate	*XXX*	*X*		
3. The information was presented clearly and was easy to understand	*XXX*	*X*		
4. I understood what I needed to do to complete the assessment tool	*XX*	*XX*		
5. The content was appropriate for my existing level of knowledge and experience.	*XX*	*XX*		
6. The content was relevant	*XXX*	*X*		
7. I was able to easily relate the information back to my own organisational context.	*XXXX*			
8. I felt that the assessment gave a fair and accurate account of our organisational capacity	*XXX*	*X*		
9. The online tool has given me greater understanding of requirements and/or recommendations for ER organisations	*XXXX*			
10. The tool contained practical advice that I can apply directly in my own organisation	*XX*	*XX*		
11. I feel more confident that I know what next steps to take.	*XX*	*XX*		

Discussion

The following discussion is set out according to the Key Evaluation Questions.

How appropriate was the program design and delivery?

To answer this question, it is necessary to consider how background research informed the design of the program, whether the content was appropriate for the diverse needs of the staff, and whether that content was delivered in an effective way.

How did the research inform the design?

Prior to designing the ER Workforce Development Program, Matrix conducted their own primary research by conducting a sector-wide survey, as well as incorporating findings from literature identified in a scoping review.

The scoping review allowed Matrix to better understand the composition of Australia's ER workforce and identify their support and educational needs. Current literature indicates that very little is known about the national ER sector, and there are no previous studies that have specifically investigated ER workforce development needs. The sector is reporting increasing complexity of clients and would benefit from training and support to adequately assess and refer clients who have complex needs and require ER services.

A survey was sent out to 319 organisations involved in delivering ER services. The survey was active from September to October 2017, and a total of 161 responses were received. The results about workforce demographics highlighted that the workforce is highly variable, and that the "diversity of sizes, structure, target cohorts and regionality make comparisons between providers or regions difficult…" (Matrix, 2017b, p. 6). It is understood that the individuals that comprise the ER sector are compassionate and motivated to achieve positive outcomes for their clients. However, this sector is highly reliant on volunteers. The Sector Survey suggests there are 2.3 volunteers to every paid employee (Matrix, 2017), although it is suggested by Matrix staff that this number is even higher. The Sector Survey investigated the training and support needs of the workforce, and these will be discussed below.

To what extent did the project meet the needs of ER workforce and organisations?

The ERWDP appears to have matched the workforce needs in terms of providing sought-after training, and content that reflected sector needs, as outlined in the Sector Survey.

A highly diverse workforce means the range of people's needs for support is similarly diverse. The results of the training session surveys reinforce what is currently understood in the literature and from the Sector Survey; that the ER workforce comprises of varied position descriptions, from different backgrounds and levels of knowledge and experience. As illustrated in Appendix 3, the Sector Survey indicated the top five training areas of interest (for both paid and volunteer staff) included communication strategies for people with complex needs, managing challenging behaviours, conducting assessments with someone in crisis, supporting people living with family violence, and budgeting and financial management. The learning modules (refer Appendix 1) clearly align with the desired training topics. Given the difficulties involved in meeting the broad skillset and content knowledge requirements of a diverse sector, the workforce may benefit from additional specialised training in particular areas such as family violence, substance use issues, mental illness etc.).

However, despite the workforce's range of experience, the training clearly filled a need. One example of this is an interviewee talking about the cumulative effect of professional development, "You always gain something from training, and it's all just information that makes the job a little better". Eight

participants that were interviewed spoke about the importance of training. Respondents all stated that they were constantly on the lookout for any opportunities to upskill and learn more. All respondents stated that workers were encouraged and supported as much as practicable to attend any training.

It seems plausible to suggest that participants were so appreciative of this free workforce development program that this skewed their survey responses to appear overly positive. However, a more probable reason that participants all rated the training so highly despite their varying backgrounds and experience was due to the usefulness of the discussions that were facilitated during the face to face sessions. Participants that were interviewed recounted that the facilitator was able to share their own experiences to elaborate on the content of the PowerPoint slides, as well as facilitate others to share their own stories. As one respondent stated, "When you're in the classroom, there's a lot of shared stories. So I think it resonates better. You retain that information better than when you're doing it online". Given that many volunteers are retired, they may be of an age where they prefer traditional classroom-based learning. However, it didn't seem that the interviewees were commenting about technical challenges of online learning. As one participant summarised, "…you could share and listen to what other people's experiences were. There was a really good interaction…". This reflects results of the Sector Survey, which outlined a clear preference for face-to-face training.

It is important to consider that even people with high levels of formal education may have limited understanding of the micro-skills required when working with vulnerable people. In a 2015 study, more than half of the ER workers were found to hold tertiary qualifications; less than a third were trained in a human-services related field but for many, their experience in marketised work environments may explain their ease at working in contemporary welfare agencies (Agllias et al., 2015). This same study also highlighted that in the context of Job Service Agencies (JSA), "strict adherence to mandated policy and practice appeared to negate the need for formal qualifications in the human services, with JSA workers appearing confident in their training and capacity to meet client requirements… perhaps the key lies in who we employ as, and how we train, human services workers" (Agllias et al., 2015, p. 308).

How appropriate were the content and delivery methods?

Overall, the results have emphasised that the content and delivery are generally appropriate and provided a good forum for meaningful engagement with the information. Some suggestions were made regarding having more targeted training sessions according to the amount of time in the sector, cultural sensitivity, and the ease at which the presentation content could be read/heard.

During telephone interviews, some of the training facilitators commented that they felt the content they were delivering was of a generic nature and could have been better targeted towards participants' experiences. Four facilitators suggested having a tiered approach to delivery, whereby sessions were determined according to participants' length of time in the role. From the workshop survey respondents, 43 out of 297 comments were made regarding the program content, 22 of which identified wanting more in-depth content, or suggesting that the classes were separated in to beginner and advanced content, (refer Table 12). One interviewee suggested that the program could have been more customised according to the region, with details of local providers. The training was presented in a way that allowed participants to attend either one or two-day training. Two facilitators and one participant commented during interviews that they felt the content between different sessions was repetitive, and that for those attending multiple sessions there was a double-up of information. Several survey respondents also said there was some repetition of content between sessions. In terms

of relevance, one participant recounted, "… the first one I did – a lot of people (including the presenter) felt the slides and content weren't relevant or accurate, like it wasn't their experience of how things worked on the ground". Several workshop participants also made comments to this effect. However, this sentiment was counteracted by other comments such as, "What was presented is what you experience almost every day when you have a community centre open. Nothing was irrelevant." Perhaps, as another participant summarised, "It's impossible to meet everyone's needs".

The results of the survey questions about the workshop delivery suggest that participants were satisfied with the clarity of the content. However, one very important note was the high number of people commenting (63 of 297 comments) about finding the information difficult to hear and read during the training workshops. Comments explained that the colour of the PowerPoint slides and amount of content on each slide made reading it difficult. A number of comments were also made about having issues with the workbook, (e.g. inaccuracies, discrepancies between slides and workbook), and a number of people suggested supplying a handout of the slides to make reading easier.

Survey respondents also reported feeling comfortable to contribute their opinions, and that the facilitator was knowledgeable and engaging. Several comments were made in the workshop surveys that indicated they would have liked facilitators with more experience in the ER sector. Although the position description (refer Appendix 2) indicates experience in and understanding of community welfare setting is required, given the diversity of the workforce, it's possible that attendees have been working in the sector for longer than the facilitators.

Interviews and feedback forms from four facilitators indicated that they were concerned with the amount of content they had to cover. A couple of participant interviewees as well as workshop survey respondents also commented that they felt the content moved very quickly and that they would have liked to have broken up the content into separate sessions. Other comments were made about facilitators needing more experience at presenting the material. A possible interpretation of this finding is that if the program were rolled out much earlier than the evaluation phase, it's possible that facilitators would have become increasingly familiar with the content. One interview with external staff involved in the design suggested, "I think because there were so many trainers. It would have been better to have less, for quality control and a more cohesive response… We needed a consistent approach and delivery…". Another external staff member indicated that it was their opinion that the timeline of the implementation phase became condensed, stating, "our initial plan was that it would be a 6 month roll out of training, and that would have provided the improvement along the way, and then we could be sure that service providers had the promotional material… basically it was 6 weeks". However, Matrix advised that the program was rolled-out gradually over a 13-week period, with one initial pilot session delivered in Ballarat.

A number of workshop survey respondents commented on the content of the cultural awareness modules. This session was intended to educate workers about the multicultural contexts in which services are delivered, and the ways in which cultural background can impact decision-making, actions and outlook. A high number of participants noted that the workshops had increased their sense of cultural awareness and given them reason to reflect on ways to work more respectfully with service users. A small number of comments (15 out of 297 comments) suggested that the content should be revised for future iterations, as the information was either misleading, not relevant to that particular region's multicultural composition, or even caused offence. One facilitator noted in an interview, "what I found quite strongly was that with some of the wording and images from Aboriginal culture, some participants were offended by the material". Suggestions were also made that speakers from the relevant cultural group should be presenting the material. Matrix advised that as a result of this

feedback, number of subsequent session in Darwin, Geraldton, Ceduna and Alice Springs were facilitated by Aboriginal trainers.

To what extent were participants satisfied with the program?

The survey data shows overwhelmingly that participants felt the content was appropriate for their existing knowledge and skill and level, as illustrated in Figure 3. The diversity of the ER workforce leads to a key question about whether background qualifications impacted the extent to which the training seemed relevant or useful. Who benefitted the most from receiving training? Who was the least satisfied? What is of interest in this evaluation is that overwhelmingly, responses indicate that regardless of time spent in the sector or background education level, the training was still appropriate for their needs. When participants were asked how they would rate the training session out of 10, the overwhelming majority were very satisfied and rated the program an 8, 9 or 10. The extent to which participants benefitted from the learnings will be discussed in the following sections.

How effective was the program at achieving its objective?

To answer this question, it is necessary to consider whether participants' knowledge and skills increased, how they intend to utilise this new knowledge, how the organisational assessment benefitted organisations, and whether there were any unintended results.

To what extent did participants' knowledge and skills change as a result of the training?

Four of the survey questions were designed to investigate any increase in particular knowledge and skills. The majority of participants either agreed or strongly agreed that the training had given them: greater understanding about the difficulties faced by users; greater understanding about the ways in which ER services are needed; increased confidence that they would be able to build rapport and trust with service users; and reason to reflect further on ways to work respectfully with clients.

It is important to consider the level of knowledge held by people without relevant qualifications. McDonald & Marston (2008) highlight research that in the Australian welfare context, even qualified case managers regularly report they do not feel skilled to handle presenting problems. The ER workforce includes many individuals that volunteer because they want to help people directly. Performance and outcomes are constrained by the reason people volunteer and the type of work they want to do in these roles. The work inherently involves specialist tasks such as administration and performance measurement, which volunteers are not trained in and may not have any interest or incentive to complete at a professional standard. When asked about what would help the sector, one worker described the importance of training to set the required standards for unqualified volunteers:

> "This sort of training, even the basic stuff about where ER comes from, they (volunteers) think of it as Samaritans in a not-for-profit, so the stuff about accountability in decision making is a difficult thing to get across to volunteers, particularly the ones who've been around for a long time. They need to understand eligibility criteria. The skillset has changed and our volunteers don't necessarily have that level of skill… The move toward training is a move in the right direction."

An important theme emerging from the literature is that the extent to which workers understand their client's situation greatly determines the type of service they will provide. Welfare reform has arguably changed the way that society views the unemployed and disadvantaged (Chenoweth, 2008). As predicted by Foucault (2008), failings of the system are often viewed as individual faults; homelessness, mental illness and AOD issues are perceived as a result of laziness, resistance to change or personal deficits (Agllias et al., 2015). A contradictory depiction of clients as simultaneously 'needy and to blame for their situation contributed to a poor understanding of complex issues and a tendency

to propose simplistic strategies to address presenting issues' (Howard et al., 2018). One worker who was interviewed commented, "some people (other workers) don't have the right mindset, they say some horrible things about people that come in. It's really hard to say how that will change". A review by Agllias et al., (2015) showed that workers with a background in human or community service were more likely to demonstrate insight into the systemic and structural causes of poverty, although even then this was limited. Also, workers whose class background was similar to that of their clients were observed to be less sympathetic and more paternalistic in their client assessments (Seale, Buck, & Parrotta, 2012). These findings seem to suggest the importance of a more professionalised workforce with ongoing access to training.

The importance of developing empathy skills

Recent literature highlights the ER workforce is largely intrinsically motivated, and that worker identity and having a sense of purpose is central to their role. Workers often identify strongly with their organisation and often exhibit a 'we/them' dichotomy when talking about their roles (Howard et al., 2018). Frontline workers often use language such as 'making a difference' and 'giving back' to 'those less fortunate' (Agllias et al., 2015; Howard et al., 2018). Howard et al. (2018) suggests the culture of charity within the ER workforce generates language that categorises clients as deserving or undeserving. There is inevitably a level of human interaction required when a service user approaches an organisation to apply for assistance. How service users are perceived, and the worker's level of empathy is an important consideration.

In a study by Maynard-Moody, Williams and Craig (2009), it appeared that when workers spent more time and developed ongoing relationships with clients, there was a shift toward workers' attributing client problems to broader social issues rather than individual failings; these findings relate to other research suggesting that rapport is vital in redressing worker tendencies to enact punitive decisions (Bigby & Files, 2003, as cited in Agllias et al., 2015). During an interview, one worker described changes their organisation had made in recent years: "We've changed our way of operating. Clients used to line up, waiting for food. Unfortunately, the walls were painted like a prison… Now clients wait in a waiting area with tea and coffee. People can also make their own choices about selecting food". This example goes someway to illustrating how increased empathy and understanding of client's backgrounds greatly changes the face of service delivery. According to Agllias et al. (2015), relationship building was "considered important to assessment of eligibility in ER, as well as determining barriers to employment and monitoring compliance in JSA. In ER, these tools were considered useful in creating a warm atmosphere, reducing embarrassment, and a kind way of giving advice" (p. 305).

"I think I'm pretty empathetic, but it's a real skill. I've learned through this course that there's all these other things you need to be mindful. And I think you learn that. It's more than just being a caring person."

The results from the training surveys indicate that the majority of participants felt they had more confidence in building rapport with their clients. Throughout interviews with participants, several people mentioned the need for empathy in their role. One participant stated, "I think I'm pretty empathetic, but it's a real skill. I've learned through this course that there's all these other things you need to be mindful. And I think you learn that. It's more than just being a caring person".

To what extent and in what ways do participants intend to use (or have already used) what they've learnt?

Two survey questions were designed to investigate the extent to which new knowledge and skills could be put into practice. The majority of workshop participants either agreed or strongly agreed that the training was facilitated in a way that allowed them to relate information back to their own experiences of the sector, and contained practical skills that could be applied directly to working with people seeking assistance. Respondents were also asked an open-ended question about what one thing that they had learned that they would be able to implement in their work. The top five responses included having developed skills in empathy, cultural awareness, self-care and safety, communication skills and other relevant services that they would be able to refer their clients.

Participants who were interviewed did not readily identify what they would do with the newly-acquired knowledge, but seemed to suggest it was useful to have that information in the 'back of their minds' when dealing with clients. Whilst this may seem arbitrary, some of the skills learned are only relevant in certain scenarios, which may not yet have occurred (e.g. empathetic listening skills, what to do in a hostile situation).

This evaluation occurred as the program was continuing to be rolled out. To understand the long-term effects of the program, there would need to be an ongoing monitoring and evaluation system in place. This is constrained by further funding of the program.

What were the unintended outcomes (positive or negative)?

The theme that resonated the most from interviewees were the benefits of learning from other participant's experiences, and networking with other agencies. This was not a response that came up when interviewees were asked explicitly about any unintended outcomes, yet every single participant interviewed spoke about the value of learning with other people. This was an unexpected outcome for evaluators as this was not anticipated in the program's theory of change. Comments from interviewees highlight that although participants benefitted to varying degrees from the content, what people really came away with was a deeper appreciation for the other service providers working in their local area. They appreciated having better referral pathways for their clients, and seemed to enjoy coming together with other like-minded people who were interested in learning more about better ways to support clients. One training facilitator provided the following opinion:

> "I think it's all about peer affirmation and support, which in some ways means the content is irrelevant. It's just about facilitating that connection".

To what extent was the organisational capacity assessment tool accessed and utilised, and how did this assist agencies?

Matrix reported that the organisational capacity assessment tool (OCAT) was accessed 88 times by individuals from various organisations around the country. Despite a limited interview sample of just 4 respondents, feedback about its use has been overwhelmingly positive, and provided a convenient and effective way to prompt organisational self-assessment.

Proposed changes within any sector often require agencies to consider different ways to structure and organise internal capability and resourcing of infrastructure. Agencies will need to consider what systems, structures and process they will need to remain innovative and responsive to change. Within the non-profit sector, there are examples of analytic tools that assist organisations to explore their own characteristics and conduct an audit of their resources, and the McKinsey OCAT is one such

example (Bos & Brown, 2014). Matrix's adaptation of this tool, along with subsequent sector-specific recommendations, appears to have been beneficial to users. Feedback comments indicated that the information was clear, relevant, and easy to use. Of the 4 people interviewed, 2 advised that they had already begun implementing recommendations that had been suggested to them in the report.

How sustainable are the outcomes?

How can the program design and delivery improve to better meet the needs and support the emergency relief workforce?

Participants were also asked how the training could have been improved. This was an open-ended question and allowed participants to make multiple suggestions. 98 participants commented that they had no suggestions, and 363 left this section blank. A total of 297 suggestions were made, these are listed in Table 11 below.

Table 12: Participant suggestions for future workshops

		No. comments
Overall program design and content	More discussion: - on policy - on ER context - on community capacity building	3
	Content not relevant/not accurate depiction of ER sector	8
	Issues with level of content: - Want more in-depth content - Want tiered training	22
	Content was repetitive with other sessions	6
	Gender should reflect non-binary and transgender	2
	Want more localised info about relevant organisations	2
Cultural content	More discussion on cultural awareness	3
	Need speakers from the cultural group	3
	Need to revise cultural content: - Inaccurate or misleading - Caused offense	15
	Language not suitable	1
Program delivery	More of these training sessions!	6
	Pacing / Timing of the workshop: Diverse mix of comments stating they wanted the sessions spread out, or condensed.	37
	Earlier promotion of the sessions	1
	Provide certificates for participants	1
Content delivery	Difficult to read/hear content - Simplify the language	63
	More practical strategies - More role plays	19
	Issues with handbook - Want a copy of the slides	31
	More interactive - More discussion	11
	Improve presentation of written material	3
	More activities	3

	More case studies - More specific examples	5
Facilitator feedback	Facilitator needs to steer discussion - Discussion went off topic - Some comments from participants seemed racist	4
	Facilitator needs more experience presenting this material	7
	Facilitator needs more experience ER sector	4
Other comments about delivery	Less games	1
	More consolidation tasks	1
	More engaging	1
	More videos	1
	Videos too long	1
	Catering/Venue	22
	(Participant meaning is unclear)	10
	Total comments	297

What are the barriers and enablers of change?

Comments made by interviewees suggest that funding issues present ongoing barriers for the sector, while increasing networks between organisations may present some workable solutions.

Funding issues

Some comments from interviewees described ongoing funding and resourcing issues as a challenge for the sector. A staff member involved in the rollout of the ERWDP explained, "one of the complexities of the ER sector is who and where and why it's funded". Members from two other organisations also commented that working for charities that are based in low socio-economic areas is particularly challenging; they believe that funding bodies don't take the demographics of an area into account when allocating resources: "No matter how we budget, by the end of the 6-month period, we have nothing left to give". Over a decade ago, a study by Engles (2006) revealed that in metropolitan Melbourne, the informal system of emergency relief did not have capacity to provide assistance to existing service users in an equitable manner, much less deal with ever-increasing demand. Lindberg et al. (2015) conducted a review of Australia's charitable food sector and similarly highlighted that resource limitations will continue to be a concern for this sector, and will likely lead to agencies needing to make compromises on skilled staff and quantity and scope of services.

Funding is increasingly targeting evidence-based or informed policy responses and data driven needs assessments to address 'wicked' social problems, which by their nature are complex, multi-factorial and interdependent. Sector reforms may offer opportunities and risks to organisations, with current, early forays into funding and service models that foreshadow future funding models and approaches. Governments are actively promoting competitive funding environments, offering mixed funding, blended models, outcomes-based models, session funding, unit-costing and payments by results. As part of the 'innovation agendas' of governments, organisations are expected to broaden and diversify their revenue streams with a mix of philanthropic, open-source crowd-funding, or entrepreneurial endeavours such as social enterprises. This requires intensive effort and may pose a risk to the core programs that agencies can offer.

Increasing networking and partnerships to address a diverse, fragmented sector

Literature and comments from interviewees both identify that providing holistic support is more optimal than working through separate issues in isolation. Wesley Mission (2017) suggest that while extra funding is necessary to meet increasing demand, it is also imperative that existing services and expertise are better coordinated and easier for users to navigate. An interview with a program participant who has spent several years working in the ER sector describes the system as fragmented:

> *'…It's just all different organisations trying to work independently, but in a way that promotes the chronic nature of the work. People go to one service and get one thing, then hunt around for other things from other services. But if all services could get together under one system, it can really address people's needs and motivate them to get out of their problem. Everyone just tries to put plasters here and there. It doesn't help people to be able to make a change for themselves. There's so many resources and human power that goes into the ER workforce, we all try to help people in our own way, but like the health system, if everyone can just combine into a one stop point that people can come, it could save a lot of resources and help people in a more structured way.'*

Incidentally, this comment supports the earlier discussions mentioned by Howard et al. (2018) that workers perceive service users as needing to be helped, in order to motivate themselves. Another interviewee made similar comments about the disjointed sector, suggesting that more communication and referrals between agencies should be made and "at this stage, there's not a lot of that". The scoping review by Matrix highlighted one goal of the ER sector to develop "meaningful and tailored interventions which could be implemented to build on the skills and experiences of the workforce, rather than piece meal interventions which do not take a holistic approach" (Matrix, 2017b, p. 15).

In an increasingly globalised marketplace, organisations must be committed to developing sustainable networks. As Hoberecht et al. (2011) suggest, "it is becoming evident that no single agency, organization, or sector can solve the types of problems (i.e., poverty, global warming, greenhouse gases, education, and healthcare reform) we are facing and that the organizational structure model of inter-organizational configurations or networks will be an important governance model now and in the future". There is an increasing need for cross-agency partnerships and collaboration to reflect a shift from individual care models to a more 'holistic systems' thinking approach (Keleher, 2015). Complex client needs often require interventions at multiple levels, and engagement with several organisations and funding streams. Partnerships that bring together diverse skillsets can increase the effectiveness and efficiency of systems by making the best use of complementary resources, which have the potential to derive a greater and more sustained transformative impact. Effective and considered partnerships can help address service fragmentation, workforce skills shortages and can harness the different strengths, expertise and shared infrastructure, including data collection and reporting platforms. However, coordinating networks becomes difficult when each organisation has a different approach, procedures and perspectives (Bos & Brown, 2014).

As already discussed, interviewee comments really highlighted the value of face-to-face training sessions for providing a rich, collaborative learning environment, but also for building relationships with other organisations. One participant commented, "We met other service providers at the training

so we're aware now that there's more referrals we can do. Rather than just doing online modules, it's good to meet other people and network". Other comments reinforced that networking was "invaluable" and suggested that it was "probably the best thing that can change what people do".

What other strategies could be used to support sector change?

Matrix's approach to aid capacity building for ER agencies has been to provide training and support, in anticipation of sector reform. Questions that were developed in the initial phase of evaluation planning are difficult to answer considering the fact these reforms have not been announced. During an interview, when asked about whether the program had met its objectives, one external stakeholder commented,

> "…the whole training was supposed to talk about reform in the ER sector and to have new ways to provide ER but the government has not given direction or leadership as it was intending a couple of years ago. So, we were anticipating that this training would have new direction embedded and be a very powerful thing for the sector…In terms of connecting people in [our area] and ensuring they have ER skills, it was certainly useful" (interview with external stakeholder).

When interviewing workers about how the sector could be better supported, many described the need for increased funding and resource support, as well as ongoing training for workers. One interviewee described, "there is an ongoing need for training and updating services around ER topics and issues. A one-off dose every x years when the Commonwealth finds some funds is not adequate". Many workshop survey respondents also commented on the need for more regular training events. One participant suggested that having regular conferences/seminars that allowed workers to come together would be just as beneficial as training workshops:

> "One of the things that has been done very successfully in former years (2007, 2009, 2011) was holding state-wide conferences so that broad themes around poverty and ER can be addressed and explored and to have workshops that are really targeted…That presents good value for money…. Even if that was a once a year event with online training in between, it would be a pretty good combination. It would give the information as well as the relationship opportunities. I think they should be done on a state by state basic with a local provider as a lead agency for that" (Interview with external stakeholder).

Limitations

There were notable limitations to the data collection phase of this evaluation. CFRE was reliant on Matrix to supply participant contact details to be interviewed. The initial intention and agreement was for Matrix to systematically collect contact details and provide these as the program was being rolled out. This sampling strategy for selecting interviewees would have allowed a diversity of experiences, locations and roles. However, due to complexity of program delivery, with many locations, various facilitators, and a constrained timeline, CFRE were only provided with a small number of participants to contact.

Another limitation was that although the training content was standardised, the face-to-face session were not universally delivered as different audiences were exposed to varying amounts of training, from different modes and facilitators. This is also inherently a strength of this program – that recruiting contracted facilitators with real experience in ER were able to expand on the training content with their own anecdotes. The ERWDP operated within a 12-month contract which required development, recruitment and training delivery throughout the country. The brief snapshot of the program is limited

to capturing the initial iteration of the programs. Allowing more time between these phases would have allowed for smoothing out any difficulties experienced in delivery, and to implement in-house monitoring and feedback. As Matrix have pointed out, "workforce development is not a single point in time intervention, but rather a series of systemic reforms at multiple levels designed to support systematic implementation of change". Therefore, identifying sustained outcomes without the necessary structural and funding reforms is inherently problematic.

Conclusion

It had been expected that new operational guidelines would be released to support the sector reform initiative in 2017. Although such decisions have yet to be announced, the findings from this evaluation have been valuable in that they have contributed toward understanding the types and delivery methods of training and support that are most effective, appropriate and sustainable for the ER workforce.

Prior to designing the ERWDP, Matrix incorporated findings from literature that were identified in a scoping review. Matrix's approach to aid capacity building for ER agencies has been to provide training and support at both individual and organisational levels. The ERWDP appears to have matched the workforce needs in terms of providing sought-after training, with content that reflected sector needs, as outlined in the 2017 Sector Survey.

The evaluation utilised an objective-based approach with a mix of both qualitative and quantitative methods. Qualitative phone interviews were conducted by the CFRE team. Secondary quantitative was supplied by Matrix, including program registrations and attendance lists and website analytics.

Results from the evaluation survey show that program content and delivery of the face-to-face training and online modules were appropriate for participants. Interestingly, workers reported a high degree of satisfaction in what they learned, regardless of their background experience or qualifications. Some participants commented on difficulties hearing the presentation or reading the PowerPoint slides. There were also some issues of cultural sensitivity regarding a PowerPoint slide, as well as participants wanting to have more culturally-specific facilitators. Matrix reported working to resolve these issues. Overall, the survey results highlight the added benefit of the face-to-face training sessions for providing a rich, collaborative learning environment. Matrix report having taken away may learnings from this experience

An important theme emerging from the literature is that the extent to which workers understand their client's situation and demonstrate empathy greatly determines the type of service they will provide. Evaluation surveys indicated that participants reported increases in knowledge, awareness and skills. When prompted about what they would be able to implement to their practice, responses included having developed skills in empathy, cultural awareness, self-care and safety, communication skills and other relevant services for their clients. Some suggestions were made regarding having more targeted training sessions according to the amount of time in the sector. Interviews with participants and staff highlighted an important but unexpected outcome from the face-to-face training: while participants benefitted to varying degrees from the content, what people really came away with was a deeper understanding and appreciation for the other service providers working in their local area.

Matrix's adaptation of the McKinsey & Company organisational capacity and assessment tool, along with subsequent sector-specific recommendations, appears to have been beneficial in assisting organisations to conduct an audit of their resources, systems and procedures. Despite limited data being collected feedback comments indicated that the information was clear, relevant, and easy to use.

The following comments are made in relation to the sustainability and any future iterations of programs aiming to provide training and support to the ER sector.

Need for ongoing training and support

The high turnout of volunteers who gave up their own time to attend the face-to-face sessions indicates that the training clearly fills a gap for much sought-after skill development and support. The literature seems to suggest the importance of a more professionalised workforce. Certainly, training that is aimed at enhancing empathy, cultural awareness and increasing understanding in needs assessments goes someway to better responding to increasingly complexity of clients. Whether it is enough to prepare workers for possible reforms that include increased performance expectations and more outcomes-focussed, remains to be seen. In the absence of in-person training and conferences for workers, the extended availability of online resources and support, such as an organisation capacity assessment tool would provide ongoing guidance for agencies around required systems and processes. Matrix report that the uptake of online modules has been higher than expected, and with high star ratings and an increasing number of registrants despite there being no ongoing promotion, the use of online modules appears to be a worthwhile learning platform.

Networking

While extra funding is necessary to meet increasing demands on agencies, it is also imperative that existing services and expertise are better coordinated and easier for users to navigate. Given the unexpected comments about the benefit of building relationships with other agencies, it could be useful to take time to customise future workshops according to the region, with an emphasis on sharing details of local service providers. This may create some inroads in addressing the currently fragmented nature of the sector, and enable workers to better navigate referral pathways for their clients.

Duration and timing of program phases

Many of the comments offered by participants regarding the program delivery reflect the short duration of the implementation phase, in comparison to the design phase. Given the national roll-out of this program, the timeframe of 12 months was relatively brief. Having a longer roll-out would allow longer lead time to recruit participants, pilot technology, and provide more time for facilitators to become used to the content. For future program iterations, a design evaluation framework could allow various prototypes to be continually tested and adapted, rather than engaging separate design, implementation and evaluation phases. Also, given that evaluation occurred while implementation was still being finalised, it would be ideal to implement a more long-term monitoring and evaluation plan, to capture the long-term effects of the program.

References

Agllias, K., Howard, A., Schubert, L. & Gray, M. (2015). Australian workers' narratives about emergency relief and employment service clients: complex issues, simple solutions. *Australian Social Work, 69*(3), 297-310. doi:10.1080/0312407X.2015.1049627

Australian Council of Social Services. (2003). *The Emergency Relief Handbook: A Guide for Emergency Relief Workers (4th Edition).* Strawberry Hills, NSW.

Bos, J., & Brown, R. (2014). Assessing organisational capacity for transition policy programs. *Technological Forecasting & Social Change*, *86,* 188-206. doi:10.1016/j.techfore.2013.09.012

Chenoweth, L. (2008). Redefining welfare: Australian social policy and practice. *Asian Social Work and Policy Review, 2*, 53-60.

Department of Social Services. (2017). *Discussion Paper: Financial Wellbeing and Capability Activity January 2017*. Australian Government, ACT.

Engels, B. (2006). Provision of Emergency Relief Assistance in Metropolitan Melbourne. *Just Policy: A Journal of Australian Social Policy, 4*(1), 5.

Howard, A., Agllias, K., Schubert, L. & Gray, M. (2018). Hovering above the stream: Perception, experience and identity at the frontline of work with Australian unemployed clients. *International Social Work, 61*(2), 219-233. doi: 10.1177/0020872815618767

Keleher, H. (2015). Partnership and Collaborative Advantage in Primary Care Reform, Deeble Institute Evidence Brief #13. Accessed from www.apo.org.au

KPMG. (2015). *Department of Social Services Financial Wellbeing Capability Activity Research Project, Final Report November 2015*. Melbourne, VIC.

Landvogt, K. (2006). The 'Big Idea' of Emergency Relief. *Just Policy: A Journal of Australian Social Policy*, *(40)*1, 54-57.

Lindberg, R. Whelan, J., Lawrence, M., Gold, L. & Friel, S. (2015). Still serving hot soup? Two hundred years of a charitable food sector in Australia: a narrative review. *Australian and New Zealand Journal of Public Health, 39*, 358-65. doi: 10.1111/1753-6405.12311

Matrix on Board Consulting and Training. (2017). *Emergency Relief Sector Survey Report*.

Matrix on Board Consulting and Training. (2017b). *Scoping Review*.

McDonald, C. & Marston, G. (2008). Motivating the Unemployed? Attitudes at the Frontline. *Australian Social Work, 61*(1), 315–326.

McKinsey & Company, (2001). Effective Capacity Building in Non-profit Organizations, Venture Philanthropy Partners. Available at http://www.vppartners.org/sites/default/files/reports/full_rpt.pdf

Seale, E., Buck, A., & Parrotta, K. (2012). Who's to Blame? The Identity Talk of Welfare-to-Work Program Managers. *Sociological Perspectives, 3*(1), 501-527.

Wesley Mission. (2017). *Submission to the Financial Wellbeing and Capability Activity Discussion Paper.* Retrieved from https://engage.dss.gov.au/wp-content/uploads/2017/05/Wesley-Mission-submission-to-the-Financial-Wellbeing-and-Capability-Activity-Discussion-Paper.pdf

Hoberecht, S., Joseph, B., Spencer, J., & Southern, N. (2011). Inter-organizational networks. *Organization Development and Sustainability*, *43*(4), 23-27.

Appendix 1 – Training Modules

Module 1 - Why we need to deliver Emergency Relief in Australia and the basic principles

Length	60 minutes
Learning Outcome: 1	Understand why ER is important - history of the sector and ER in Australia, policy, research
Relates to CHC	CHCER301B
Key Elements	Legislation and regulation relevant to emergency relief provision Client confidentiality and privacy requirements Knowledge of the principles of equal employment opportunity (EEO), sex, race, disability, anti-discrimination and similar legislation and the implications for work and social practices
Content	Facilitator's Guide Participant's Workbook PowerPoint presentation

Module 2 – Enhance Your Understanding

Length	60 minutes
Learning Outcome: 2	(incl. topic 8 from survey results: Building trust and engaging in conversations with clients) Understand why and how people find themselves in crisis
Relates to CHC	CHCCCS028
Key Elements	Perceptions of Poverty: An Insight into the Nature and Impact of Poverty in Australia Salvos 2010
Content	Facilitator's Guide Participant's Workbook PowerPoint presentation

Module 3 – Enhance Your Empathy

Length	60 minutes
Learning Outcome: 3	(incl. Topic 1 from survey results: Communication strategies for people with complex needs) Develop empathy for the client situation
Relates to CHC	CHCCCS028
Key Elements	Facilitate relationship building with the help-seeker
Content	Facilitator's Guide Participant's Workbook PowerPoint presentation

Module 4 - Creating a Connection (Communication skills and responding to distressed people)

Length	120 minutes
Learning Outcome: 4	Combines previous Outcomes 4 & 9 and training topics 1,2,8 from survey results Build rapport and trust with clients Building trust and engaging in conversations with clients Clients who present with challenging behaviours Communication strategies for people with complex needs
Relates to CHC	CHCER301B
Key Elements	Establish and maintain an appropriate relationship with clients Establish an interpersonal relationship with the client Reflect on own perspectives
Content	Facilitator's Guide Participant's Workbook PowerPoint presentation

Module 5 – Identify Needs

Length	3 hours
Learning Outcome: 5	Combines previous Outcomes 5 & 10 and training topic 3 from survey results Assessment
Relates to CHC	CHCER301B
Key Elements	Collect routine information to assist in identifying appropriate referral services Extract and analyse information about client needs Apply communication skills appropriate to emergency relief context
Content	Facilitator's Guide Participant's Workbook PowerPoint presentation

Module 6 - Let's Talk About Money (Basic Budgeting)

Length	120 minutes
Learning Outcome: 6	Combines previous Outcomes 6 & 7 and Training Topic 5 from survey results Budgeting
Relates to CHC	CHCEDU006
Key Elements	Assist client groups to understand the role of budgeting in personal financial management
Content	Facilitator's Guide Participant's Workbook PowerPoint presentation

Module 7 - Respect & Diversity (Cultural Awareness)

Length	3 hours
Learning Outcome: 7	(Combines previous Outcomes 11 and Training Topic 7 from survey results) Work appropriately with people who identify Aboriginal and/or Torres Strait Islander and CALD backgrounds Cultural awareness
Relates to CHC	CHCDIV002
Key Elements	Model cultural safety in own work
Content	Facilitator's Guide Participant's Workbook PowerPoint presentation

Module 8 – Self-care

Length	120 minutes
Learning Outcome: 8	Combines previous Outcome 12 and Training Topic 6 from survey results Self-care strategies for workers
Relates to CHC	CHCCS417A
Key Elements	Preventing compassion fatigue
Content	Facilitator's Guide Participant's Workbook PowerPoint presentation

Module 9 (Elective) – Preventing Fraud & Corruption

Length	60 minutes (online only)
Learning Outcome:	Promote ethical behaviour
Relates to CHC	PSPETHC501B
Key Elements	Fraud and corruption
Content	Facilitator's Guide Participant's Workbook PowerPoint presentation

Appendix 2 – Project Requirement for Contracted Trainer

Project Requirement - Contract Trainer

Position Title	Contract Trainer, Emergency Relief Workforce Development Program (ERWDP)
Position type and location	Sub-Contractor - must have own ABN and insurances Contracted to deliver a number of sessions of training in a contracted period Capital cities and some regional centres in WA, NT, Qld, NSW, ACT and Tas
Reporting and Working Relationships	• The Contract Trainer is overseen by the National Program Manager, ERWDP • The Contract Trainer liaises with the CEO of the RTO and the Curriculum Writer/Lead Trainer for the ERWDP

Key Result Area	Deliver Emergency Relief Workforce Development training sessions to the high standards expected by Matrix on Board Training that meet the requirements outlined in the DSS contract for the ERWDP.

Key Tasks	As part of the ERWD Program, the Contract Trainer will:
	• Receive and become familiar with the ERWDP training course materials and resources including online resources
	• Learn about and meet Matrix on Board's expectations of professional standards and brand representation
	• Manage the delivery of ERWDP training sessions to stakeholders in the designated locations including (but not limited to):
	  • checking venue set up
	  • learning and acknowledging local indigenous traditional owner group
	  • delivering the training sessions
	  • collecting participant attendance lists and contact details
	• Collect participant feedback and other information and send to Program Manager
	• Review/ edit course materials in consultation with stakeholders and Program Manager
	• Provide session reports to the Program Manager following each delivery

Key Performance Indicators	• Meet expectations of all stakeholders • Successful delivery of contracted number of day long training sessions • Evaluation and feedback from participants
Skills, Experience and Attributes Required	• Experience in delivering training in a short course format in the Community Services sector combined with experience in or capacity to deliver training using adult education principles and techniques • Current Certificate IV in Training and Assessment and/or a professional teaching qualification (desirable) • Ability to obtain a National Police clearance (essential) • Demonstrated experience or understanding of the Community Services/Welfare sector, specifically in dealing with people in crisis and who exhibit challenging behaviours (eg case management, youth welfare, social work, drug and alcohol, mental health etc) • Demonstrated ability to communicate sensitively and effectively with culturally and linguistically diverse participants and Indigenous Australians • Ability to manage a diverse group of people with a variety of skills and abilities who may have conflicting experiences and deliver content without personal biases • Ability to work with participants to instil objectivity into their work practices and to problem solve within the confines of their role • Understanding of trauma-informed practice and ability to work with people to build resilience in these situations

Appendix 3 – Training topics

Training Topic	Volunteers (n= 94)	Paid Staff (n=127)
Communication strategies for people with complex needs	71	49
Managing challenging behaviours	69	64
Conducting assessments with someone in crisis	65	44
Supporting people living with family violence	56	58
Budgeting and financial management	48	42
Self-care strategies for workers	47	53
Cultural awareness	45	34
Building trust and engaging in conversations with clients	36	21
Referrals to other services	30	27
Case Management (assessment, planning, review, notes, coordination and exit)	27	38
Employment readiness	17	19
Supporting people with problem gambling issues	13	28
Not Applicable	7	6

Figure 8:Training topics identified in 2017 Sector Survey